

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## **DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING** **REGISTERED SANITARIAN APPLICATION INSTRUCTIONS**

**Applicants must conform to the education and employment criteria set forth in Wis. Admin. Code § SPS 175.** All applications must include appropriate fees and required information to be considered. Only original transcripts from colleges and/or universities are accepted. Student-issued transcripts will not be accepted.

### **AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

#### **Original Licensure Exam Candidates**

1. Application (**Form #2696**) and appropriate fee.
2. Official transcripts of college, university, and post-graduate degree received directly from the school.
3. Two (2) Applicant References (**Form #2768**): One form must be from the Employer/Supervisor and the other form must be from another professional (**non-relative**). Please use only one form per supervisor/employer.
4. Official job description.
5. Letters from all State Boards where licensed, active and inactive.

#### **Endorsement/Reciprocal Candidates**

1. Application (**Form #2696**) and appropriate fee.
2. Photocopy of current registration in another state.
3. Letter of good standing directly from any state, territory, or possession of the United States, any foreign country, or any other organization that registers or certifies sanitarians where you hold a current registration with a copy of the statutes and rules in effect at the time original licensure was obtained. (must include date of registration, registration number, name exam taken and final grade)

The National Environmental Health Association (NEHA) computer-based REHS/RS examination is accepted for Wisconsin registration. The examination for Registered Sanitarians covers all domains under the broad umbrella of Environmental Health and requires extensive review and study. The examination fee and DSPS fee must be submitted each time the exam is taken.

### **When your application is approved, you will be notified that you are eligible to test and receive an eligibility letter from DSPS.**

To apply for the computer-based NEHA examination, you must submit a copy of your DSPS letter of eligibility with your NEHA fee directly to NEHA, 720 S. Colorado Blvd., Ste. 1000-N, Denver, CO 80246 to schedule your examination date. Computer-based examinations are offered in several Wisconsin locations by appointment through PearsonVue.

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR REGISTERED SANITARIAN

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

<b>PLEASE TYPE OR PRINT IN INK</b>				<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).
<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>	<b>Former / Maiden Name(s)</b> <input type="text"/>	
<b>Address</b> (street, city, state, zip) <input type="text"/>			<b>Daytime Telephone Number</b> <input type="text"/> - <input type="text"/> - <input type="text"/>	
<b>Mailing Address</b> (if different) <input type="text"/>			<b>Date of Birth</b> <input type="text"/> / <input type="text"/> / <input type="text"/>	
<b>Social Security #</b> <input type="text"/> - <input type="text"/> - <input type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.		
Ethnicity/gender status information is optional. <b>Ethnicity:</b> <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other <b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F				
<b>Have you ever been licensed in Wisconsin as a Registered Sanitarian?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input type="text"/>				
<b>Email Address</b> <input type="text"/>				
<b>School Name</b> <input type="text"/>		<b>School Address</b> (street, city, state) <input type="text"/>		
<b>Date Degree Granted</b> <input type="text"/> / <input type="text"/> / <input type="text"/>		<b>Degree</b> <input type="text"/>		

**APPLICATION FEES:** Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- ☐ **Original Registration Exam Candidates for NEHA REHS/RS Exam**  
\$ 75.00 Initial Credential Fee  
\$ 15.00 Contract Exam Fee  
\$ 15.00 DOA Fee  
**\$113.00 Total Fee Attached**  
**NEHA REHS/RS Computerized Examination Fee**  
**\$225.00**  
This amount is required in addition to the above application fee. The exam payment and authorization letter from DSPS must be sent directly to NEHA, 720 S. Colorado Blvd., Ste. 1000 N, Denver, CO 80246.
- ☐ **Endorsement /Reciprocal Candidates**  
**\$107.00 Total Credential Fee Attached**

**For Receipting Use Only (197)**

# Wisconsin Department of Safety and Professional Services

**APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

## **Original Licensure Exam Candidates**

- ☐ Application (**Form #2696**) and appropriate fee
- ☐ Official transcripts of college, university and post-graduate degree received directly from the school
- ☐ Two (2) Applicant References (**Form #2768**): One form must be from the Employer/Supervisor and the other form must be from another professional (**non-relative**). Please use only one form per supervisor/employer
- ☐ Official Job Description
- ☐ Letters from all State Boards where licensed, active and inactive
- ☐ Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- ☐ Convictions and Pending Charges (**Form #2252**), if applicable
- ☐ Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

## **Endorsement/ Reciprocal Candidates**

- ☐ Application (**Form #2696**) and appropriate fee
- ☐ Photocopy of current registration in another state
- ☐ Letter of good standing directly from any state, territory, or possession of the United States, any foreign country, or any other organization that registers or certifies sanitarians where you hold a current registration with a copy of the statutes and rules in effect at the time original licensure was obtained. (must include date of registration, registration number, name exam taken and final grade)
- ☐ Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- ☐ Convictions and Pending Charges (**Form #2252**), if applicable
- ☐ Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

**ARE YOU A VETERAN?** If yes, please view the Department website at <http://dsps.wi.gov> under "License, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" for eligibility requirements.

**If you qualify, are you requesting a waiver of your initial credentialing fee?** ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

**If you qualify, are you requesting equivalency of your Military Training and experience?** ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

**If you qualify, are you requesting Temporary Spousal Reciprocal License?** ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

**You may contact the DVA at 1-800-WisVets or [www.WISVET.com](http://www.WISVET.com) for assistance in obtaining your DVA Voucher Code and/or documents related to your training.**

**CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> and select the "Professional Credential Renewal Information".

## **EDUCATION:**

**I request approval to take the NEHA REHS\RS and meet the following educational and qualifying work experience requirements:**

- ☐ A baccalaureate or higher degree in environmental health from an accredited college or university with at least 30 semester or 45 quarter hour academic credits in environmental, physical, biological, chemical, or environmental health areas and one year of full-time equivalent employment in the field of environmental health.
- ☐ A baccalaureate or higher degree in physical or biological sciences from an accredited college or university with at least 30 semester or 45 quarter hour academic credits in environmental, physical, biological, chemical, or environmental health areas and two (2) years of full-time equivalent employment in the field of environmental health.
- ☐ A baccalaureate or higher degree from an accredited college or university and four (4) years of full-time equivalent employment in the field of environmental health.
- ☐ An associate degree from an accredited college, community college, or technical institute in environmental, physical, biological or chemical sciences, and five (5) years of full-time equivalent employment in the field of environmental health.
- ☐ An associate degree from an accredited college, community college, or technical institute, and eight (8) years of full-time equivalent employment in the field of environmental health.

# Wisconsin Department of Safety and Professional Services

List other relevant education courses satisfactorily completed such as vocational school, correspondence, armed services specialized courses, short courses, business school, etc. Give name of school or sponsoring organization and/or course number, dates attended and duration of course. (**attach additional sheets if necessary**)

Name of School/Sponsoring Organization	Dates Attended (month/year)	Course Name	Certificate Received (if applies)
	(From) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <span style="margin: 0 5px;">/</span> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> (To) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <span style="margin: 0 5px;">/</span> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
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	(From) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <span style="margin: 0 5px;">/</span> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> (To) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <span style="margin: 0 5px;">/</span> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
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**I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S):** (include all active and inactive states)

For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Department of Safety and Professional Services. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

# Wisconsin Department of Safety and Professional Services

**VERIFICATION OF SANITARIAN EXPERIENCE:** For purposes of verifying the qualified sanitarian work experience required under Wis. Admin. Code SPS 175, an applicant shall submit a detailed description of the position held, length of employment, duties of the position and name of work supervisor. (Include all relevant information relating to your Environmental Health Experience. Attach additional sheets if necessary.)

1. **Relevant experience.** Describe relevant positions held, length of employment, duties of the position and name of work supervisor in the table below.
2. **Official job descriptions.** Include copies of the official description for each job, to be provided by the employer.
3. **Employer work verification.** Provide verification from your work supervisor of your work experience describing job duties and number of hours worked per year in the field of environmental health.
4. **References.** Include two (2) professional reference forms (Form #2768), at least one of which is to be completed by a current or former supervisor.

**“Environmental Health”** means the science and art, which pertains to the protection of human health through the assessment, management, control, and prevention of environmental factors that may adversely affect the health, comfort, safety, or well-being of individuals or the environment.

**“Field of Environmental Health”** means employment, whether private or public, where the principles of environmental health are directly applied to one or more of the following fields: (1) air quality, (2) food protection, (3) hazardous substances, (4) product safety, (5) housing, (6) institutional health and safety, (7) radiation protection, (8) recreational areas and waters, (9) solid waste management, (10) vector control, (11) water quality, (12) wastewater technology and management, (13) hazardous waste management, (14) industrial hygiene and water supply.

Name of Employer	Employer Address	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Dates Worked:</b> (month/year) From: <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/>		
<b>Position Held and Description of Duties:</b> <input type="text"/>		
<b>List Fields (1-14) from the “Environmental Health” definition listed above:</b> <input type="text"/>		
If less than full-time, specify exact number of hours worked in the field per year. An accumulation of 2,080 hours is equal to one year of creditable full-time employment experience.		

Name of Employer	Employer Address	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Dates Worked:</b> (month/year) From: <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/>		
<b>Position Held and Description of Duties:</b> <input type="text"/>		
<b>List Fields (1-14) from the “Environmental Health” definition listed above:</b> <input type="text"/>		
If less than full-time, specify exact number of hours worked in the field per year. An accumulation of 2,080 hours is equal to one year of creditable full-time employment experience.		

Name of Employer	Employer Address	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Dates Worked:</b> (month/year) From: <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/>		
<b>Position Held and Description of Duties:</b> <input type="text"/>		
<b>List Fields (1-14) from the “Environmental Health” definition listed above:</b> <input type="text"/>		
If less than full-time, specify exact number of hours worked in the field per year. An accumulation of 2,080 hours is equal to one year of creditable full-time employment experience.		

# Wisconsin Department of Safety and Professional Services

**ANSWER THE FOLLOWING QUESTIONS:** (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination, national board examination? <b>If yes, provide details below: (Original pass/fail cards required.)</b>  <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. <b>If yes, submit Convictions and Pending Charges (Form #2252).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have any suits or claims ever been filed against you as a result of professional services? <b>If yes, Malpractice Suits or Claims (Form #2829).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b>  <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b>  <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

For the purposes of these questions, the following phrases or words have the following meanings:

**"Ability to practice as a registered sanitarian "** is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned registered sanitarian judgments and to learn and keep abreast of registered sanitarian developments; and

2. The ability to communicate those judgments and registered sanitarian information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and

**"Medical Condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech and hearing impairments, Cerebral Palsy, epilepsy, Muscular Dystrophy, Multiple Sclerosis, cancer, heart disease, Diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

**"Chemical Substances"** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

**"Currently"** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

**"Illegal use of Controlled Dangerous Substances"** means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the directions of a licensed health care practitioner.

# Wisconsin Department of Safety and Professional Services

10.	Do you have a medical condition, which in any way impairs or limits your ability to practice as a registered sanitarian with reasonable skill and safety? If no, you may skip questions 11 and 12. <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	If yes to question 10, are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	If yes to question 10, are the limitations or impairments caused by your medical condition reduced, or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice dentistry with reasonable skill and safety? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	If yes to question 15, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## **CERTIFICATION OF LEGAL STATUS:**

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

## **CONTINUING DUTY OF DISCLOSURE:**

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

## **AFFIDAVIT OF APPLICANT:**

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:  Date:  /  /